

**Fill in this information to identify your case and this filing:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- No. Go to Part 2.  
 Yes. Where is the property?

1.1.

**6703 Rolling Mill Dr.**

Street address, if available, or other description

Houston TX 77088  
City State ZIP Code

Harris  
County

6703 Rolling Mill Dr.  
Lot 12 Block 5  
Inwood West Section 1 R/P

**What is the property?**

Check all that apply.

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other

**Who has an interest in the property?**

Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**

→ **\$84,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No  
 Yes

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13

|      |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                          |                   |
|------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.1. | Make: <u>Toyota</u><br>Model: <u>Sienna</u><br>Year: <u>2009</u><br>Approximate mileage: <u>97,000</u> | <b>Who has an interest in the property?</b><br>Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:<br><i>Creditors Who Have Claims Secured by Property.</i> |                   |
|      |                                                                                                        |                                                                                                                                                                                                                                                                                     | <b>Current value of the entire property?</b>                                                                                                             |                   |
|      |                                                                                                        |                                                                                                                                                                                                                                                                                     | <b>Current value of the portion you own?</b>                                                                                                             |                   |
|      |                                                                                                        |                                                                                                                                                                                                                                                                                     | <u>\$4,000.00</u>                                                                                                                                        | <u>\$4,000.00</u> |

Other information:

**2009 Toyota Sienna (approx. 97000 miles)** **Check if this is community property**  
(see instructions)

|      |                                                                                                    |                                                                                                                                                                                                                                                                                     |                                                                                                                                                          |                   |
|------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.2. | Make: <u>BMW</u><br>Model: <u>328 i</u><br>Year: <u>1999</u><br>Approximate mileage: <u>16,000</u> | <b>Who has an interest in the property?</b><br>Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:<br><i>Creditors Who Have Claims Secured by Property.</i> |                   |
|      |                                                                                                    |                                                                                                                                                                                                                                                                                     | <b>Current value of the entire property?</b>                                                                                                             |                   |
|      |                                                                                                    |                                                                                                                                                                                                                                                                                     | <b>Current value of the portion you own?</b>                                                                                                             |                   |
|      |                                                                                                    |                                                                                                                                                                                                                                                                                     | <u>\$1,000.00</u>                                                                                                                                        | <u>\$1,000.00</u> |

Other information:

**1999 BMW 328i (approx. 16000 miles)** **Check if this is community property**  
(see instructions)**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....****→ \$5,000.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe..... **See continuation page(s).** **\$7,465.00**

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe..... **See continuation page(s).** **\$1,400.00**

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe.....

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe.....

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe..... **Firearm**\$100.00**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe..... **Clothing and Shoes**\$1,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe..... **3 Watches**\$50.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe..... **Dog**\$400.00**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....** → **\$10,415.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes..... Cash: .....\$20.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes..... Institution name:

|                         |                               |                |
|-------------------------|-------------------------------|----------------|
| 17.1. Checking account: | <b>Wells Fargo Bank</b>       |                |
|                         | <b>Checking account #7772</b> | <u>\$15.00</u> |
| 17.2. Savings account:  | <b>Wells Fargo Bank</b>       |                |
|                         | <b>Savings account</b>        | <u>\$10.00</u> |

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes..... Institution or issuer name:

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them.....

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes.....

Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- No  
 Yes.....

Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them

\_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them

\_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them

\_\_\_\_\_

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \$0.00  
 State: \$0.00  
 Local: \$0.00

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information

Alimony: \$0.00  
 Maintenance: \$0.00  
 Support: \$0.00  
 Divorce settlement: \$0.00  
 Property settlement: \$0.00

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information \_\_\_\_\_

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value..... Company name:

Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- No  
 Yes. Give specific information \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**→ \$45.00**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- No  
 Yes. Describe..

---

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No  
 Yes. Describe..

---

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- No  
 Yes. Describe..

---

**41. Inventory**

- No  
 Yes. Describe..

---

**42. Interests in partnerships or joint ventures**

- No  
 Yes. Describe..... Name of entity: % of ownership:

**43. Customer lists, mailing lists, or other compilations**

- No  
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
 No  
 Yes. Describe.....

---

**44. Any business-related property you did not already list**

- No  
 Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.** → \$0.00**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish

- No  
 Yes....

---

**48. Crops--either growing or harvested**

- No  
 Yes. Give specific information.....

---

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- No  
 Yes....

---

**50. Farm and fishing supplies, chemicals, and feed**

- No  
 Yes....

---

**51. Any farm- and commercial fishing-related property you did not already list**

- No  
 Yes. Give specific information.....

---

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →****\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership

- No  
 Yes. Give specific information.

**54. Add the dollar value of all of your entries from Part 7. Write that number here..... →****\$0.00**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 8: List the Totals of Each Part of this Form**

|                                                                       |                                     |                    |
|-----------------------------------------------------------------------|-------------------------------------|--------------------|
| 55. Part 1: Total real estate, line 2.....                            | →                                   | <u>\$84,000.00</u> |
| 56. Part 2: Total vehicles, line 5                                    |                                     | <u>\$5,000.00</u>  |
| 57. Part 3: Total personal and household items, line 15               |                                     | <u>\$10,415.00</u> |
| 58. Part 4: Total financial assets, line 36                           |                                     | <u>\$45.00</u>     |
| 59. Part 5: Total business-related property, line 45                  |                                     | <u>\$0.00</u>      |
| 60. Part 6: Total farm- and fishing-related property, line 52         |                                     | <u>\$0.00</u>      |
| 61. Part 7: Total other property not listed, line 54                  | +                                   | <u>\$0.00</u>      |
| 62. Total personal property. Add lines 56 through 61.....             |                                     | <u>\$15,460.00</u> |
|                                                                       | Copy personal<br>property total → + | <u>\$15,460.00</u> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62..... |                                     | <u>\$99,460.00</u> |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**6. Household goods and furnishings (details):**

|                             |            |
|-----------------------------|------------|
| Bedroom Set                 | \$1,000.00 |
| Dining Room Set             | \$500.00   |
| Sofa                        | \$2,000.00 |
| Love Seat                   | \$100.00   |
| Coffee Table                | \$25.00    |
| Kitchen Tables w/ Chairs    | \$50.00    |
| Dining Room Table w/ Chairs | \$1,000.00 |
| Dishes and Glasses          | \$60.00    |
| 2 Beds                      | \$1,000.00 |
| 2 Dressers                  | \$50.00    |
| 2 Lamps                     | \$25.00    |
| Refrigerator                | \$300.00   |
| Stove                       | \$300.00   |
| Dish Washer                 | \$150.00   |
| Washer                      | \$300.00   |
| Dryer                       | \$300.00   |
| Microwave                   | \$50.00    |
| Vacuum Cleaner              | \$100.00   |
| Desk                        | \$25.00    |
| Tools                       | \$100.00   |
| BBQ Pit                     | \$30.00    |

**7. Electronics (details):**

|               |          |
|---------------|----------|
| TV            | \$500.00 |
| 2 DVD Players | \$100.00 |
| Cell Phone    | \$50.00  |
| 2 TV's        | \$600.00 |
| 2 Stereo's    | \$75.00  |
| Computer      | \$75.00  |

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|
|--------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|

Brief description: \$84,000.00  \$0.00 **11 U.S.C. § 522(d)(1)**

**6703 Rolling Mill Dr.**  
**Lot 12 Block 5**  
**Inwood West Section 1 R/P**  
Line from *Schedule A/B*: 1.1

100% of fair market value, up to any applicable statutory limit

Brief description: \$4,000.00  \$0.00 **11 U.S.C. § 522(d)(2)**

**2009 Toyota Sienna (approx. 97000 miles)**  
Line from *Schedule A/B*: 3.1

100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property                                                                 | Current value of<br>the portion you<br>own | Amount of the<br>exemption you claim                                                                                                                       | Specific laws that allow exemption               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                                                                                               |                                            | Copy the value from<br><i>Schedule A/B</i>                                                                                                                 | <i>Check only one box for<br/>each exemption</i> |
| Brief description:<br><b>1999 BMW 328 i (approx. 16000 miles)</b><br><b>1999 BMW 328i (approx. 16000 miles)</b><br>Line from <i>Schedule A/B</i> : <u>3.2</u> | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>11 U.S.C. § 522(d)(2)</b>                     |
| Brief description:<br><b>Bedroom Set</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                          | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Dining Room Set</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                      | <u>\$500.00</u>                            | <input checked="" type="checkbox"/> <b>\$500.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Sofa</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                                 | <u>\$2,000.00</u>                          | <input checked="" type="checkbox"/> <b>\$2,000.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Love Seat</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                            | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Coffee Table</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                         | <u>\$25.00</u>                             | <input checked="" type="checkbox"/> <b>\$25.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Kitchen Tables w/ Chairs</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                             | <u>\$50.00</u>                             | <input checked="" type="checkbox"/> <b>\$50.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Dining Room Table w/ Chairs</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                          | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <b>\$1,000.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Brief description:<br><b>Dishes and Glasses</b><br>Line from <i>Schedule A/B</i> : <u>6</u>                                                                   | <u>\$60.00</u>                             | <input checked="" type="checkbox"/> <b>\$60.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of<br>the portion you<br>own | Amount of the<br>exemption you claim                                                                                                                       | Specific laws that allow exemption               |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                               |                                            | Copy the value from<br><i>Schedule A/B</i>                                                                                                                 | <i>Check only one box for<br/>each exemption</i> |
| Brief description:<br><b>2 Beds</b>                                                           | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <u>\$1,000.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>2 Dressers</b>                                                       | <u>\$50.00</u>                             | <input checked="" type="checkbox"/> <u>\$50.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>2 Lamps</b>                                                          | <u>\$25.00</u>                             | <input checked="" type="checkbox"/> <u>\$25.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Refrigerator</b>                                                     | <u>\$300.00</u>                            | <input checked="" type="checkbox"/> <u>\$300.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Stove</b>                                                            | <u>\$300.00</u>                            | <input checked="" type="checkbox"/> <u>\$300.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Dish Washer</b>                                                      | <u>\$150.00</u>                            | <input checked="" type="checkbox"/> <u>\$150.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Washer</b>                                                           | <u>\$300.00</u>                            | <input checked="" type="checkbox"/> <u>\$300.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Dryer</b>                                                            | <u>\$300.00</u>                            | <input checked="" type="checkbox"/> <u>\$300.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Microwave</b>                                                        | <u>\$50.00</u>                             | <input checked="" type="checkbox"/> <u>\$50.00</u><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                            |                                                  |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of<br>the portion you<br>own | Amount of the<br>exemption you claim                                                                                                                     | Specific laws that allow exemption               |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                               |                                            | Copy the value from<br><i>Schedule A/B</i>                                                                                                               | <i>Check only one box for<br/>each exemption</i> |
| Brief description:<br><b>Vacuum Cleaner</b>                                                   | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>Desk</b>                                                             | <u>\$25.00</u>                             | <input checked="" type="checkbox"/> <b>\$25.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>Tools</b>                                                            | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>BBQ Pit</b>                                                          | <u>\$30.00</u>                             | <input checked="" type="checkbox"/> <b>\$30.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>6</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>TV</b>                                                               | <u>\$500.00</u>                            | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>2 DVD Players</b>                                                    | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>Cell Phone</b>                                                       | <u>\$50.00</u>                             | <input checked="" type="checkbox"/> <b>\$50.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>2 TV's</b>                                                           | <u>\$600.00</u>                            | <input checked="" type="checkbox"/> <b>\$600.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                          |                                                  |
| Brief description:<br><b>2 Stereo's</b>                                                       | <u>\$75.00</u>                             | <input checked="" type="checkbox"/> <b>\$75.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                          |                                                  |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of<br>the portion you<br>own | Amount of the<br>exemption you claim                                                                                                                       | Specific laws that allow exemption               |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                               |                                            | Copy the value from<br><i>Schedule A/B</i>                                                                                                                 | <i>Check only one box for<br/>each exemption</i> |
| Brief description:<br><b>Computer</b>                                                         | <u>\$75.00</u>                             | <input checked="" type="checkbox"/> <b>\$75.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>7</u>                                                      |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Firearm</b>                                                          | <u>\$100.00</u>                            | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(5)</b>                     |
| Line from <i>Schedule A/B</i> : <u>10</u>                                                     |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Clothing and Shoes</b>                                               | <u>\$1,000.00</u>                          | <input checked="" type="checkbox"/> <b>\$1,000.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(3)</b>                     |
| Line from <i>Schedule A/B</i> : <u>11</u>                                                     |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>3 Watches</b>                                                        | <u>\$50.00</u>                             | <input checked="" type="checkbox"/> <b>\$50.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(4)</b>                     |
| Line from <i>Schedule A/B</i> : <u>12</u>                                                     |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Dog</b>                                                              | <u>\$400.00</u>                            | <input checked="" type="checkbox"/> <b>\$400.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | <b>11 U.S.C. § 522(d)(5)</b>                     |
| Line from <i>Schedule A/B</i> : <u>13</u>                                                     |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Cash</b>                                                             | <u>\$20.00</u>                             | <input checked="" type="checkbox"/> <b>\$20.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(5)</b>                     |
| Line from <i>Schedule A/B</i> : <u>16</u>                                                     |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Wells Fargo Bank<br/>Checking account #7772</b>                      | <u>\$15.00</u>                             | <input checked="" type="checkbox"/> <b>\$15.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(5)</b>                     |
| Line from <i>Schedule A/B</i> : <u>17.1</u>                                                   |                                            |                                                                                                                                                            |                                                  |
| Brief description:<br><b>Wells Fargo Bank<br/>Savings account</b>                             | <u>\$10.00</u>                             | <input checked="" type="checkbox"/> <b>\$10.00</b><br><input type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | <b>11 U.S.C. § 522(d)(5)</b>                     |
| Line from <i>Schedule A/B</i> : <u>17.2</u>                                                   |                                            |                                                                                                                                                            |                                                  |

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br><b>Amount of claim</b><br>Do not deduct the value of collateral | Column B<br><b>Value of collateral that supports this claim</b> | Column C<br><b>Unsecured portion</b><br>If any |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|

|     |                                                                                                                                             |            |            |            |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| 2.1 | Describe the property that secures the claim:<br><br><b>Conns Credit Corp</b><br>Creditor's name<br><b>3295 College St</b><br>Number Street | \$4,636.00 | \$2,000.00 | \$2,636.00 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

**Purchase Money**

- Who owes the debt?** Check one.
- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 08/2016 Last 4 digits of account number 5 6 3 5

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,636.00

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page**

**Part 1:** After listing any entries on this page, number them sequentially from the previous page.

| Column A<br>Amount of claim<br>Do not deduct the value of collateral | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|

|     |                                               |                    |                   |                   |
|-----|-----------------------------------------------|--------------------|-------------------|-------------------|
| 2.2 | Describe the property that secures the claim: | <u>\$11,022.00</u> | <u>\$4,000.00</u> | <u>\$7,022.00</u> |
|-----|-----------------------------------------------|--------------------|-------------------|-------------------|

**Consumer Mortgage Co**

Creditor's name

**4608 Nolda St**

Number Street

2009 Toyota Sienna - Pay

Direct

**Houston TX 77007**  
City State ZIP Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

**Automobile**Date debt was incurred 05/2016

Last 4 digits of account number

F 4 0 1**Pay Direct**

2.3

Describe the property that secures the claim:

\$13,600.00\$84,000.00**Inwood West CIA**

Creditor's name

**17049 El Camino Real Ste. 100**

Number Street

Homestead - HOA dues thru

2017

**Houston TX 77058**  
City State ZIP Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

**HOA Dues**Date debt was incurred Thru 2017

Last 4 digits of account number

      

Add the dollar value of your entries in Column A on this page. Write that number here:

\$24,622.00

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page**

**Part 1:** After listing any entries on this page, number them sequentially from the previous page.

| Column A<br>Amount of claim<br>Do not deduct the value of collateral | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|

|     |                                               |                   |                   |                 |
|-----|-----------------------------------------------|-------------------|-------------------|-----------------|
| 2.4 | Describe the property that secures the claim: | <u>\$1,806.00</u> | <u>\$1,000.00</u> | <u>\$806.00</u> |
|-----|-----------------------------------------------|-------------------|-------------------|-----------------|

**Mid Atlantic Finance**

Creditor's name

**4592 Ulmerton Rd Ste 200**

Number Street

Describe the property that secures the claim:

**1999 BMW 328i - Pay Direct**
**Clearwater**      **FL**      **33762**  
 City                State        ZIP Code
**Who owes the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim relates to a community debt**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

**Automobile**Date debt was incurred 02/2015

Last 4 digits of account number

2 7 0 1**Pay Direct**

2.5

Describe the property that secures the claim:

\$81,153.00\$84,000.00**Rushmore Loan Mgmt Ser**

Creditor's name

**Pob 52708**

Number Street

**Homestead - Ongoing Mortgage Payment****As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

**Conventional Real Estate Mortgage****Who owes the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim relates to a community debtDate debt was incurred 07/18/2007

Last 4 digits of account number

0 1 9 9

Add the dollar value of your entries in Column A on this page. Write that number here:

\$82,959.00

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page**

**Part 1:**  
After listing any entries on this page, number them sequentially from the previous page.

| Column A                                                 | Column B                                     | Column C                    |
|----------------------------------------------------------|----------------------------------------------|-----------------------------|
| Amount of claim<br>Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion<br>If any |

2.6

Describe the property that secures the claim:

\$12,200.00\$84,000.00**Rushmore Loan Mgmt Ser**

Creditor's name

**Pob 52708**

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

**Mortgage arrears****Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

 Check if this claim relates to a community debtDate debt was incurred Various

Last 4 digits of account number

0 1 9 9

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,200.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$124,417.00

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$3,575.00  | \$3,575.00      | \$0.00             |

2.1

**Alva Wesley-Thomas**

Priority Creditor's Name

**6161 Savoy Dr.**

Number Street

**Suite 250**

Last 4 digits of account number

When was the debt incurred? **12/30/2016**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Houston TX 77036**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify **Attorney fees for this case**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

|     |  |          |          |        |
|-----|--|----------|----------|--------|
| 2.2 |  | \$100.00 | \$100.00 | \$0.00 |
|-----|--|----------|----------|--------|

**Alva Wesley-Thomas - E/O**

Priority Creditor's Name

**6161 Savoy Dr.**

Number Street

**Suite 250**

Last 4 digits of account number

When was the debt incurred?

**Houston TX 77036**  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify

**Attorney fees for this case**

|     |  |             |        |             |
|-----|--|-------------|--------|-------------|
| 2.3 |  | \$21,456.47 | \$0.00 | \$21,456.47 |
|-----|--|-------------|--------|-------------|

**Internal Revenue Service**

Priority Creditor's Name

**P.O. Box 1301**

Number Street

Last 4 digits of account number

When was the debt incurred? **2005-07, 2013**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Charlotte NC 28201**  
City State ZIP Code

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>\$805.00</b> |
| <b>Ad Astra Recovery Serv</b><br>Nonpriority Creditor's Name<br><b>7330 W 33rd Street North</b><br>Number Street                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |
| City <b>Wichita</b> State <b>KS</b> ZIP Code <b>67205</b><br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                 |
| Last 4 digits of account number <b>4 1 7 9</b><br>When was the debt incurred? <b>08/2015</b><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                                                                      |                 |
| Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Collection Attorney</b>                                                                                                                                   |                 |
| <b>Original Creditor Name: SPEEDY CASH 77</b><br>4.2 <span style="float: right;"><b>\$1,085.00</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| <b>Cottonwood Financial</b><br>Nonpriority Creditor's Name<br><b>13706 East Fwy. Ste. 300</b><br>Number Street                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
| City <b>Houston</b> State <b>TX</b> ZIP Code <b>77015</b><br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                 |
| Last 4 digits of account number _____<br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                                                                                        |                 |
| Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Unsecured Debt</b>                                                                                                                                        |                 |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

|                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.3                                                                                                                                                                                                                    |  | <b>\$237.00</b>                                                                                                                                                                                                                                                                                                                                         |
| <b>Mnet Fin Inc</b>                                                                                                                                                                                                    |  | Last 4 digits of account number <u>5 3 0 4</u>                                                                                                                                                                                                                                                                                                          |
| Nonpriority Creditor's Name<br><u>95 Argonaut</u>                                                                                                                                                                      |  | When was the debt incurred?                                                                                                                                                                                                                                                                                                                             |
| Number Street<br>_____                                                                                                                                                                                                 |  | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                        |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                                                       |
| <b>Aliso Viejo CA 92656</b>                                                                                                                                                                                            |  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                    |
| City State ZIP Code                                                                                                                                                                                                    |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Unsecured Debt</b> |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                         |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |
| <b>Original Creditor Name: HOUSTON UROLOGY PARTNERS PA</b>                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                         |
| 4.4                                                                                                                                                                                                                    |  | <b>\$120.00</b>                                                                                                                                                                                                                                                                                                                                         |
| <b>Mnet Fin Inc</b>                                                                                                                                                                                                    |  | Last 4 digits of account number <u>2 8 0 6</u>                                                                                                                                                                                                                                                                                                          |
| Nonpriority Creditor's Name<br><u>95 Argonaut</u>                                                                                                                                                                      |  | When was the debt incurred?                                                                                                                                                                                                                                                                                                                             |
| Number Street<br>_____                                                                                                                                                                                                 |  | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                        |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                                                       |
| <b>Aliso Viejo CA 92656</b>                                                                                                                                                                                            |  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                    |
| City State ZIP Code                                                                                                                                                                                                    |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Unsecured Debt</b> |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                         |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |
| <b>Original Creditor Name: MEMORIAL HERMANN SURGERY CEN</b>                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                         |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

|     |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.5 | <b>Reliant</b><br>Nonpriority Creditor's Name<br><u>1201 Fannin St.</u><br>Number Street<br><br><b>Houston</b> <b>TX</b> <b>77002</b><br>City                State           ZIP Code            | Last 4 digits of account number <u>2 7 4 6</u><br>When was the debt incurred?<br><u>As of the date you file, the claim is:</u> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                           |
|     |                                                                                                                                                                                                  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Utility</b>     |
|     |                                                                                                                                                                                                  | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                           |
| 4.6 | <b>Speedy Cash</b><br>Nonpriority Creditor's Name<br><u>7330 W. 33rd St. North</u><br>Number Street<br><br><b>Wichita</b> <b>KS</b> <b>67205</b><br>City                State           ZIP Code | Last 4 digits of account number <u>4 1 7 9</u><br>When was the debt incurred?<br><u>As of the date you file, the claim is:</u> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                           |
|     |                                                                                                                                                                                                  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Payday Loan</b> |
|     |                                                                                                                                                                                                  | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                           |
| 4.7 | <b>TXU Energy</b><br>Nonpriority Creditor's Name<br><u>P.O. Box 650393</u><br>Number Street<br><br><b>Dallas</b> <b>TX</b> <b>75265</b><br>City                State           ZIP Code          | Last 4 digits of account number <u>5 7 9 6</u><br>When was the debt incurred?<br><u>As of the date you file, the claim is:</u> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                           |
|     |                                                                                                                                                                                                  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Utility</b>     |
|     |                                                                                                                                                                                                  | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                           |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**American Credit Accept**

Name  
961 E Main St  
 Number Street  
 \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Spartanburg**      **SC**      **29302**  
 City                  State            ZIP Code

Last 4 digits of account number 1 0 0 1**Centerpoint Energy**

Name  
P.O. Box 1700  
 Number Street  
 \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Houston**      **TX**      **77251**  
 City                  State            ZIP Code

Last 4 digits of account number       **Conns Credit Corp**

Name  
3295 College St  
 Number Street  
 \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Beaumont**      **TX**      **77701**  
 City                  State            ZIP Code

Last 4 digits of account number 5 6 3 3**Daughtry & Jordan, P.C.**

Name  
17044 El Camino Real  
 Number Street  
 \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Houston**      **TX**      **77058**  
 City                  State            ZIP Code

Last 4 digits of account number

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                                                                             | Total claim                   |
|-----------------------------------------------------------------------------|-------------------------------|
| <b>Total claims from Part 1</b>                                             |                               |
| 6a. Domestic support obligations                                            | 6a. <u>\$0.00</u>             |
| 6b. Taxes and certain other debts you owe the government                    | 6b. <u>\$21,456.47</u>        |
| 6c. Claims for death or personal injury while you were intoxicated          | 6c. <u>\$0.00</u>             |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$3,675.00</u>       |
| 6e. <b>Total.</b> Add lines 6a through 6d.                                  | <b>6d.</b> <u>\$25,131.47</u> |

|                                                                                                             | Total claim                  |
|-------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Total claims from Part 2</b>                                                                             |                              |
| 6f. Student loans                                                                                           | 6f. <u>\$0.00</u>            |
| 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u>            |
| 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. <u>\$0.00</u>            |
| 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + <u>\$4,381.06</u>      |
| 6j. <b>Total.</b> Add lines 6f through 6i.                                                                  | <b>6j.</b> <u>\$4,381.06</u> |

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.****Person or company with whom you have the contract or lease****State what the contract or lease is for**

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106H****Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes

In which community state or territory did you live? Texas Fill in the name and current address of that person.

**Cynthia Sneed**

Name of your spouse, former spouse, or legal equivalent

|        |        |          |
|--------|--------|----------|
| Number | Street |          |
| _____  |        |          |
| City   | State  | ZIP Code |
| _____  |        |          |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

|            |                                |          |
|------------|--------------------------------|----------|
| 3.1        | <b>Spouse Name Not Entered</b> |          |
| Name _____ |                                |          |
| Number     | Street                         |          |
| _____      |                                |          |
| City       | State                          | ZIP Code |
| _____      |                                |          |

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.1  
 Schedule G, line \_\_\_\_\_

**Ad Astra Recovery Serv**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.2 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 2.1 Schedule G, line \_\_\_\_\_**Alva Wesley-Thomas****3.3 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 2.2 Schedule G, line \_\_\_\_\_**Alva Wesley-Thomas - E/O****3.4 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 5.1 Schedule G, line \_\_\_\_\_**American Credit Accept****3.5 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 5.2 Schedule G, line \_\_\_\_\_**Centerpoint Energy****3.6 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line 2.1 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Conns Credit Corp****3.7 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 5.3 Schedule G, line \_\_\_\_\_**Conns Credit Corp**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.8

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line 2.2 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Consumer Mortgage Co**

3.9

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.2 Schedule G, line \_\_\_\_\_**Cottonwood Financial**

3.10

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 5.4 Schedule G, line \_\_\_\_\_**Daughtry & Jordan, P.C.**

3.11

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 2.3 Schedule G, line \_\_\_\_\_**Internal Revenue Service**

3.12

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line 2.3 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Inwood West CIA**

3.13

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line 2.4 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Mid Atlantic Finance**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.14 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.3 Schedule G, line \_\_\_\_\_**Mnet Fin Inc****3.15 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.4 Schedule G, line \_\_\_\_\_**Mnet Fin Inc****3.16 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.5 Schedule G, line \_\_\_\_\_**Reliant****3.17 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line 2.5 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Rushmore Loan Mgmt Ser****3.18 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line 2.6 Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_**Rushmore Loan Mgmt Ser****3.19 Spouse Name Not Entered**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.6 Schedule G, line \_\_\_\_\_**Speedy Cash**

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.20

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line 4.7 Schedule G, line \_\_\_\_\_**TXU Energy**

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 106I****Schedule I: Your Income****12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                           | <b>Debtor 1</b>                                                                       | <b>Debtor 2 or non-filing spouse</b>                                                  |
|---------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Employment status</b>  | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input type="checkbox"/> Employed<br><input checked="" type="checkbox"/> Not employed |
| <b>Occupation</b>         | <u>Bus Driver</u>                                                                     |                                                                                       |
| <b>Employer's name</b>    | <u>REM Services, Inc.</u>                                                             |                                                                                       |
| <b>Employer's address</b> | <u>3730 Kirby Dr. Ste. 1200</u><br>Number Street                                      |                                                                                       |
|                           | City                                                                                  | State Zip Code                                                                        |
|                           | Houston                                                                               | TX 77098                                                                              |
|                           |                                                                                       | City State Zip Code                                                                   |

How long employed there? 2 years 4 months**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|                                                                                                                                                             | <b>For Debtor 1</b>         | <b>For Debtor 2 or non-filing spouse</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|
| <b>2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.</b> | 2. <u>\$1,984.67</u>        | <u>\$0.00</u>                            |
| <b>3. Estimate and list monthly overtime pay.</b>                                                                                                           | 3. + <u>\$823.51</u>        | <u>\$0.00</u>                            |
| <b>4. Calculate gross income. Add line 2 + line 3.</b>                                                                                                      | 4. <u><b>\$2,808.18</b></u> | <u><b>\$0.00</b></u>                     |

| Debtor 1                                                                                                                                                                                                                                                                                       | Case number (if known) |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|
| <b>Lester Sneed, Jr.</b>                                                                                                                                                                                                                                                                       | <b>16-36684-H5-13</b>  |                                          |
|                                                                                                                                                                                                                                                                                                | <b>For Debtor 1</b>    | <b>For Debtor 2 or non-filing spouse</b> |
| <b>Copy line 4 here .....</b> ➔ 4.                                                                                                                                                                                                                                                             | <b>\$2,808.18</b>      | <b>\$0.00</b>                            |
| <b>5. List all payroll deductions:</b>                                                                                                                                                                                                                                                         |                        |                                          |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                              | 5a. <b>\$375.43</b>    | <b>\$0.00</b>                            |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                               | 5b. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                               | 5c. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                               | 5d. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 5e. Insurance                                                                                                                                                                                                                                                                                  | 5e. <b>\$114.03</b>    | <b>\$0.00</b>                            |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                               | 5f. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 5g. Union dues                                                                                                                                                                                                                                                                                 | 5g. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 5h. Other deductions.<br>Specify: _____                                                                                                                                                                                                                                                        | 5h. + <b>\$0.00</b>    | <b>\$0.00</b>                            |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.                                                                                                                                                                                                         | <b>6. \$489.46</b>     | <b>\$0.00</b>                            |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.                                                                                                                                                                                                                  | <b>7. \$2,318.72</b>   | <b>\$0.00</b>                            |
| <b>8. List all other income regularly received:</b>                                                                                                                                                                                                                                            |                        |                                          |
| 8a. Net income from rental property and from operating a business, profession, or farm<br><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                            | 8a. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8b. Interest and dividends                                                                                                                                                                                                                                                                     | 8b. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                  | 8c. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                  | 8d. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8e. Social Security                                                                                                                                                                                                                                                                            | 8e. <b>\$1,185.00</b>  | <b>\$0.00</b>                            |
| 8f. Other government assistance that you regularly receive<br><br>Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br><br>Specify: _____ | 8f. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                               | 8g. <b>\$0.00</b>      | <b>\$0.00</b>                            |
| 8h. Other monthly income.<br>Specify: <u>Daughter's Contributions (BMW)</u>                                                                                                                                                                                                                    | 8h. + <b>\$280.00</b>  | <b>\$0.00</b>                            |
| <b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.                                                                                                                                                                                                               | <b>9. \$1,465.00</b>   | <b>\$0.00</b>                            |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                        | <b>10. \$3,783.72</b>  | + <b>\$0.00</b> = <b>\$3,783.72</b>      |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.                                                  |                        |                                          |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br><br>Specify: _____                                                                                                                                        | 11. + <b>\$0.00</b>    | <b>\$0.00</b>                            |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.                                               | 12. <b>\$3,783.72</b>  | Combined monthly income                  |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>                                                                                                                                                                                                     |                        |                                          |
| <input checked="" type="checkbox"/> No. <b>None.</b>                                                                                                                                                                                                                                           |                        |                                          |
| <input type="checkbox"/> Yes. Explain:<br><br>_____                                                                                                                                                                                                                                            |                        |                                          |

**Fill in this information to identify your case:**

|                                                                           |                       |                   |
|---------------------------------------------------------------------------|-----------------------|-------------------|
| Debtor 1                                                                  | <b>Lester</b>         | <b>Sneed, Jr.</b> |
|                                                                           | First Name            | Middle Name       |
|                                                                           | Last Name             |                   |
| Debtor 2<br>(Spouse, if filing)                                           | First Name            | Middle Name       |
|                                                                           | Last Name             |                   |
| United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b> |                       |                   |
| Case number<br>(if known)                                                 | <b>16-36684-H5-13</b> |                   |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- No. Go to line 2.  
 Yes. **Does Debtor 2 live in a separate household?**  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**

|       |       |                              |
|-------|-------|------------------------------|
| _____ | _____ | <input type="checkbox"/> No  |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No  |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No  |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No  |
| _____ | _____ | <input type="checkbox"/> Yes |

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses** \_\_\_\_\_**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_

**If not included in line 4:**

- 4a. Real estate taxes 4a. \_\_\_\_\_  
 4b. Property, homeowner's, or renter's insurance 4b. \_\_\_\_\_  
 4c. Home maintenance, repair, and upkeep expenses 4c. \_\_\_\_\_  
 4d. Homeowner's association or condominium dues 4d. \_\_\_\_\_ \$22.00

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13Your expenses

|                                                                                                                                                                   |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans                                                                                     | 5. _____                   |
| 6. Utilities:                                                                                                                                                     |                            |
| 6a. Electricity, heat, natural gas                                                                                                                                | 6a. _____ <b>\$200.00</b>  |
| 6b. Water, sewer, garbage collection                                                                                                                              | 6b. _____ <b>\$55.00</b>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                | 6c. _____ <b>\$75.00</b>   |
| 6d. Other. Specify: _____                                                                                                                                         | 6d. _____                  |
| 7. Food and housekeeping supplies                                                                                                                                 | 7. _____ <b>\$250.00</b>   |
| 8. Childcare and children's education costs                                                                                                                       | 8. _____                   |
| 9. Clothing, laundry, and dry cleaning                                                                                                                            | 9. _____ <b>\$80.00</b>    |
| 10. Personal care products and services                                                                                                                           | 10. _____ <b>\$100.00</b>  |
| 11. Medical and dental expenses                                                                                                                                   | 11. _____ <b>\$60.00</b>   |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.                                                                     | 12. _____ <b>\$300.00</b>  |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                            | 13. _____ <b>\$60.00</b>   |
| 14. Charitable contributions and religious donations                                                                                                              | 14. _____                  |
| 15. Insurance.                                                                                                                                                    |                            |
| Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                                     |                            |
| 15a. Life insurance                                                                                                                                               | 15a. _____                 |
| 15b. Health insurance                                                                                                                                             | 15b. _____                 |
| 15c. Vehicle insurance                                                                                                                                            | 15c. _____ <b>\$198.00</b> |
| 15d. Other insurance. Specify: _____                                                                                                                              | 15d. _____                 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                                                                              |                            |
| Specify: _____                                                                                                                                                    | 16. _____                  |
| 17. Installment or lease payments:                                                                                                                                |                            |
| 17a. Car payments for Vehicle 1 <b>Consumer Mortgage Co.</b>                                                                                                      | 17a. _____ <b>\$407.63</b> |
| 17b. Car payments for Vehicle 2 <b>Mid Atlantic Finance</b>                                                                                                       | 17b. _____ <b>\$275.00</b> |
| 17c. Other. Specify: _____                                                                                                                                        | 17c. _____                 |
| 17d. Other. Specify: _____                                                                                                                                        | 17d. _____                 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. _____                  |
| 19. Other payments you make to support others who do not live with you.                                                                                           |                            |
| Specify: _____                                                                                                                                                    | 19. _____                  |

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

- |                                                   |            |
|---------------------------------------------------|------------|
| 20a. Mortgages on other property                  | 20a. _____ |
| 20b. Real estate taxes                            | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. _____ |
| 20e. Homeowner's association or condominium dues  | 20e. _____ |

**21. Other. Specify: Pet Expenses**21. + \$50.00**22. Calculate your monthly expenses.**

- |                                                                                       |                        |
|---------------------------------------------------------------------------------------|------------------------|
| 22a. Add lines 4 through 21.                                                          | 22a. _____             |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____             |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                       | 22c. <u>\$2,132.63</u> |

|                        |                   |
|------------------------|-------------------|
| 22a. _____             | <u>\$2,132.63</u> |
| 22b. _____             | <u>\$2,132.63</u> |
| 22c. <u>\$2,132.63</u> |                   |

**23. Calculate your monthly net income.**

- |                                                                                                         |                          |
|---------------------------------------------------------------------------------------------------------|--------------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                       | 23a. _____               |
| 23b. Copy your monthly expenses from line 22c above.                                                    | 23b. - <u>\$2,132.63</u> |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income. | 23c. <u>\$1,651.09</u>   |

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes. Explain here:  
**None.**

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

|                                                                   |                           |
|-------------------------------------------------------------------|---------------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | <u>\$84,000.00</u>        |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | <u>\$15,460.00</u>        |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | <u><b>\$99,460.00</b></u> |

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

|                                                                                                                         |                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... | <u>\$124,417.00</u> |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

|                                                                                                     |                    |
|-----------------------------------------------------------------------------------------------------|--------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | <u>\$25,131.47</u> |
|-----------------------------------------------------------------------------------------------------|--------------------|

|                                                                                                        |                     |
|--------------------------------------------------------------------------------------------------------|---------------------|
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | + <u>\$4,381.06</u> |
|--------------------------------------------------------------------------------------------------------|---------------------|

**Your total liabilities**

**\$153,929.53**

**Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

|                                                                   |                   |
|-------------------------------------------------------------------|-------------------|
| Copy your combined monthly income from line 12 of Schedule I..... | <u>\$3,783.72</u> |
|-------------------------------------------------------------------|-------------------|

5. *Schedule J: Your Expenses* (Official Form 106J)

|                                                             |                   |
|-------------------------------------------------------------|-------------------|
| Copy your monthly expenses from line 22c of Schedule J..... | <u>\$2,132.63</u> |
|-------------------------------------------------------------|-------------------|

Debtor 1 Lester Sneed, Jr.Case number (if known) 16-36684-H5-13**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$2,945.55****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

|                                                                                                                              |                    |
|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 9a. Domestic support obligations. (Copy line 6a.)                                                                            | <b>\$0.00</b>      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | <b>\$21,456.47</b> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | <b>\$0.00</b>      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | <b>\$0.00</b>      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <b>\$0.00</b>      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | <b>+ \$0.00</b>    |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | <b>\$21,456.47</b> |

**Fill in this information to identify your case:**

|                                                                           |                             |                                  |           |
|---------------------------------------------------------------------------|-----------------------------|----------------------------------|-----------|
| Debtor 1                                                                  | <u>Lester</u><br>First Name | <u>Sneed, Jr.</u><br>Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                           | First Name                  | Middle Name                      | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> |                             |                                  |           |
| Case number<br>(if known)                                                 | <u>16-36684-H5-13</u>       |                                  |           |

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Lester Sneed, Jr.

Lester Sneed, Jr., Debtor 1

Date 01/13/2017

MM / DD / YYYY

X \_\_\_\_\_

Signature of Debtor 2

Date

MM / DD / YYYY